



*[Handwritten signature]*

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/043,889
		Filing Date	January 11, 2002
		First Named Inventor	Christopher D. LABAW
		Group Art Unit	2155
		Examiner Name	A. Sheikh
Total Number of Pages in This Submission	1	Attorney Docket Number	T3752-9221US01

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  _____
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-1165 (T3657-9221US01) for the above identified docket number.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name  
  
Jason H. Vick, Reg. No. 45,285  
 Miles & Stockbridge P.C.  
 1751 Pinnacle Drive  
 Suite 500  
 McLean, VA 22102

Signature

Date

December 1, 2004

### CERTIFICATE OF MAILING OR TRANSMISSION

[37 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at \_\_\_\_\_, on \_\_\_\_\_.

Signature: \_\_\_\_\_  
 Date: DEC 01 2004  
 02/07/2005  
 (Name: FORD)  
 00000001 501165 10043889  
 01 FEB 2001 00:00:00
 10/043,889

02/07/2005 00:00:00	00000001 501165 10043889	00:00:00	00:00:00	00:00:00
02/07/2005 00:00:00	00000001 501165 10043889	00:00:00	00:00:00	00:00:00
02/07/2005 00:00:00	00000001 501165 10043889	00:00:00	00:00:00	00:00:00
02/07/2005 00:00:00	00000001 501165 10043889	00:00:00	00:00:00	00:00:00
02/07/2005 00:00:00	00000001 501165 10043889	00:00:00	00:00:00	00:00:00